

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American College of Radiology Association PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00343459	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Veracity Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 04 / 2022</b>	
Mailing Address <b>712 H Street NE</b> <b>Unit 5997</b>		Amount <b>75000.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20002-3627</b>	Transaction ID : <b>E09B98BFEA4BE4E5F9F2</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure <b>Digital Ads for Rep. Kurt Schrader</b>		Category/ Type	
Name of Federal Candidate <b>Schrader, Kurt, , Rep.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>05</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>OR</b>
Calendar Year-To-Date Per Election for Office Sought		<b>75000.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Del Cielo Media LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 04 / 2022</b>	
Mailing Address <b>1427 Lesli Ave</b> <b>Ste 102</b>		Amount <b>89130.00</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22301-1618</b>	Transaction ID : <b>EE2FF2DA2B9014C059CA</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure <b>Radio Ads for Sen. Boozman</b>		Category/ Type	
Name of Federal Candidate <b>Boozman, John, , Sen.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		<b>89130.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>164130.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>164130.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Scanlon, Mary, H, Dr., MD, FACR

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 04 / 2022**

Signature